Non-narcoleptic hypersomnia may not be as rare as formerly believed. Active research is presently being carried out in several countries. Many of these patients cannot be diagnosed as true narcolepsy but yet the hypersomnia is sufficiently overpowering to make work and normal living impossible without the use of an analeptic agent, usually of the amphetamine class. At the time of our deliberations we chose not to include this diagnosis as a specified condition for amphetamine use, but agreed to await the results of further research.

Enuresis in childhood has been shown to respond to nightly amphetamines. In the opinion of some physicians it may at times respond better to an amphetamine than to methylphenidate (Ritalin) or a tricyclic antidepressant. The subject however has been incompletely researched, but there remains a general reluctance on the part of Canadian physicians to encourage amphetamines for young persons who can become dependent upon them, although it is well recognized that this does not always happen. There was also worry that amphetamine-altered sleep could result in undesirable changes in pituitary growth hormone release. It was thus our recommendation that any special authorization for the use of amphetamines for the treatment of enuresis in childhood should be for a short, temporary period only.

The use of amphetamines combined with analysesic drugs for the treatment of dysmenorrhea has been common practice in the past. The removal of dysmenorrhea as an approved indication for the use of amphetamines resulted in a number of letters of enquiry from both general practitioners and few obstetricians and gynecologists. While it is true that amphetamines because of their effect on mood, do change the quality of pain, and therefore can be said to be synergistic with analyssics, it is likely that easy availability of amphetamines to young women might just be one of the prime conditions that can eventually result in dependence. We were agreed that the question of amphetamine use in primary dysmenorrhea is one which relates strictly to a risk-benefit ratio.